ו ממא משונה							16.
FILED APR) 1950	STANDARD C	ERTIFICATE O	OF DEATH	State File	No. 748	20
BIRTH NO		REG. DIST. NO. 1	PRIMARY REG	i. DIST. M. 300	Registrar's	. N. 748	6
I. PLACE OF DEA	ТН		2. USUAL	RESIDENCE (W	bers deceased lived.	If institution: resi	dence befor
a. COUNTY Ada	ir		a. STATE	Missouri	b. COUNTY	Adair	edunion)
b. CITY (If outside cor	purate limits, write RU		sthis place) OR	outside corporate limite,	write RURAL and give	township)	Ø
	nger Rt.	<u> </u>	ears	Movinger	RR_1	00 1	
		ditution, give street address of	location) d. STREET ADDRESS	5	es southw	roat Non	/ inge
	Home a. (First)	b. (Middle)	c, (L		4. DATE (Mon		(Year)
DECEASED			·	•	OF		• • •
(Type or Print) 5, SEX /6. (FLAVA COLOR OR RACE	IRENE 7. MARRIED, NEVER MAI		WORTH I		24 UNOERITEAR FE	<u>50</u>
<i>"</i>		WIDOWED, DIVORCED	(Openity)	' 1	last birthday) Mo		ere Mis.
	White	Widowed/		<u> </u>	<u> 69 I :</u>	5 21	1
On. USUAL OCCUPATIO done during must of workin	N (Give kind of work)	10b. KIND OF BUSINESS	DUSTRY	ACE (State or foreign oc	unter)	12. CITIZE COUNTR	N OF WHAT Y?
<u> Housewife</u>	<u></u>		Misso		<u> </u>	U.S.	.A.
3a. FATHER'S NAME		. 136. MOTHER'S	MAIDEN NAME	14./ NAW	E OF HUSBAND OR	WIFE	
Nicholas.		Nancy	?		<u>ग्रु मि. मि.</u>	lsworth	
5. WAS DECEASED EVER	R IN U.S. ARMED FO		CURITY 17. INTOR	MANT'S SIGNA	TURE OR NAME	AD	DRESS
NO	CF (14.0 APL OL CF/10.0)		"" Ziller	n Cllswa	ith M	minaer.	Mrs.
8. CAUSE OF DEATH	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
			DICAL CERTIFICA	TION	,	CHITERYAL	BETWEEN
Enter only one cause per ine for (a), (b), and (c)	I. DISEASE OR CO. DIRECTLY LEADIN		Heart	- Ratur	iz valo	ONSET A	BETWEEN ND DEATH
Enter only one cause per ine for (a), (b), and (c)	ANTECEDENT CAL	NDITION NG TO DEATH*(a) USES	Heavet	TION - Expres	ic rabo	ONSET A	BETWEEN ND DEATH
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District Health Officer No. 10 District File Numann-3. Date Filed

RECEIVED

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سادعت والمحادث	<u> </u>		

I hereby certify that the body whose name is recorded on the	•	s certificate was	s embalmed by me,	or by
	-		`	•
v 14-14-4-4		, Student Ei	mbalmer No	··
carbing under my personal appendicion			_	

Licensed Embalmer No. 4219

Water: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITINGS (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.